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**CONFIRMATION NO. 1133**

<b>SERIAL NUMBER</b> 10/657,820	<b>FILING OR 371(c) DATE</b> 09/08/2003  <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> MIC-031103
<b>APPLICANTS</b> Ashok V. Joshi, Salt Lake City, UT;				
<b>** CONTINUING DATA *****</b> <div style="text-align: center;">none 6/20/07 JE</div>				
<b>** FOREIGN APPLICATIONS *****</b> <div style="text-align: center;">none 6/20/07</div>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 12/10/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input checked="" type="checkbox"/> Allowance <input type="checkbox"/> <u>Japan</u> <u>JE</u> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Examiner's Signature</span> <span>Initials</span> </div>	<b>STATE OR COUNTRY</b> UT	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 51	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 55162				
<b>TITLE</b> Device and method for wound therapy				
<b>FILING FEE RECEIVED</b> 1140	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> All Fees</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> 1.16 Fees ( Filing )</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> 1.18 Fees ( Issue )</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> Other _____</div> <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> Credit</div>		